

Endeavour Elementary

RECORD OF SERVICES AND HEALTH INFORMATION

In order to better serve your child, and to help us in classroom placement, please indicate any educational or health concerns that your student may have. Please check any services that your child may be receiving or has received in the past.

My Child _____, is receiving or has received, the following services.

- Resource Services (Individual help for academic subjects from a special education teacher)
- Speech therapy or Speech and Language therapy
- 504 Plan
- Visually Handicapped Services (Assistance for student with visual impairments)
- Hearing Impaired Services (Services for students with hearing difficulties)
- Physical or Occupational Therapy
- English Language Development Services
- School Counseling
- Other _____

If any of the above lines are checked, please provide the school with a copy of the current IEP, Goals and Objectives, and qualifying information.

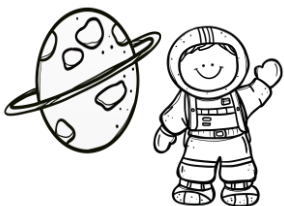
- None of the Above

List any allergies or health concerns we need to be aware of:

List any behavior concerns we should be aware of:

Parent's Signature _____

Date _____



Home of the Explorers

